

Health and Family Planning Overview

SOUTH AFRICA



Population:	43.6 million (BUCEN 2000)
Infant Mortality Rate:	45 (Preliminary DHS 1998)
DPT3 Coverage:	76.4%, children 12–23 mos. (Preliminary DHS 1998)
Nutrition:	23% stunting, children 0–59 mos. (World Bank 1993)
Maternal Mortality Ratio:	150 (Preliminary DHS 1998)
Total Fertility Rate:	2.9 (Preliminary DHS 1998)
Contraceptive Prevalence Rate:	61%, women 15–49, modern methods (Preliminary DHS 1998)
Adult HIV Prevalence:	20.1% (UNAIDS 2001)
Current Living AIDS Orphans:	660,000 (UNAIDS 2001)
Demographic and Health Surveys:	1998
Multi-Indicator Cluster Surveys:	None

Country Profile

South Africa is engaged in a complex and sensitive process of fundamental economic and social change while remaining firm in its commitment to democracy. The country has demonstrated its determination to pursue far-reaching changes in all spheres of society and to fight inequities stemming from the apartheid era. As sub-Saharan Africa's most developed country and one of its richest in natural resources, many opportunities exist for progress. Severe obstacles stand in the way, however, including the legacy of apartheid, crime, joblessness, and HIV/AIDS. Even if South Africa can continue at a steady growth rate of 3.0 percent, these problems have the potential to undermine and deny the peaceful transition of the African continent's fourth most populous nation to full democracy and an open-market economy.

HIV/AIDS in South Africa. The magnitude and severity of the HIV/AIDS epidemic are the most serious constraints facing South Africa. The number of infected people has more than doubled from about 2 million in 1996 to 5 million today. By 2010, adult prevalence is predicted to reach 25 percent. By 2015, population loss to AIDS-related deaths is predicted to reach 4.4 million. These high infection rates and alarming projections threaten South Africa's reconstruction and development, as well as the health and well-being of its people.

USAID Strategy

USAID continues to support and work with the government at the national and provincial levels and with select nongovernmental organizations (NGOs) in developing and strengthening a more equitable and cost-effective primary health care (PHC) delivery system. USAID assistance also helps combat HIV/AIDS by focusing on key interventions consistent with the government's 2000–2005 HIV/AIDS Strategic Plan. USAID now enjoys a very strong working relationship with its government counterparts and other partners. This increasingly close collaboration has facilitated agreements about development priorities and implementation.

Strategic Objective: Increased use of primary health services and HIV/AIDS prevention/mitigation practices

Intermediate Results:

- Increased access to integrated PHC and HIV/AIDS, sexually transmitted infection (STI), reproductive health (RH), and tuberculosis (TB) prevention and mitigation services and practices
- Increased demand for HIV/AIDS, STI, and TB prevention and treatment services
- Improved quality of integrated PHC, HIV/AIDS, STI, and TB services and practices
- Expanded use and better practices in PHC, HIV/AIDS, STI, RH, and TB outside initial pilot area
- Expanded multisectoral response for prevention and mitigation of HIV/AIDS



Major Program Areas

HIV/AIDS. USAID helps combat HIV/AIDS by focusing on interventions that are consistent with the government's HIV/AIDS strategy. USAID assistance is strengthening the Department of Health's capacity to procure and distribute high-quality male and female condoms. USAID is also helping the national and provincial departments of health strengthen the availability and quality of STI diagnosis and treatment, especially among high-risk populations. USAID recently launched two large-scale NGO programs to provide prevention and care and support services to vulnerable households in urban and rural areas. USAID is also assisting in expanding the availability and quality of services to prevent mother-to-child transmission (MTCT) of HIV, as well as in training lay counseling and support groups for MTCT and voluntary counseling and testing. The Department of Health's AIDS helpline has been strengthened with USAID assistance and now fields nearly 20,000 calls per month in nine languages. USAID-supported research is documenting the negative impact of HIV/AIDS in different economic sectors.

Health and Family Planning. Primary health care is addressed through the Equity project, which operates in Eastern Cape, Mpumalanga, KwaZulu-Natal, and North-West provinces. Much emphasis is placed on community structures and capacity building and on including volunteer health workers in mobile outreach in immunization, family planning, TB, and STI control. The Eastern Cape Province leads with the number of districts initiating the directly observed treatment, short-course (DOTS), methodology for TB management. The project partners recognize the need to involve local communities to ensure higher TB cure rates. By training local community members to serve as community health workers, Equity has encouraged a community-oriented perspective in the clinics' day-to-day activities while improving TB cure rates. Additionally, with an integrated package of essential services, 80 percent of health facilities now provide all nine basic PHC services five days a week. Clinic supervision continues to improve, as does partnership between the public and private sectors. One such program (and perhaps the first of its kind in South Africa) is the Bambisanani home-based care program, which provides migrant workers a workplace-to-home continuum of care.

Results

- Immunization coverage improved with 77 percent of children immunized against measles and 69 percent fully immunized.
- Correct treatment of diarrhea in children increased from 41 percent in 1998 to 82 percent in 2000.
- The district-level health information system that began in the Eastern Cape as an Equity activity was adopted this year as the national standard, enabling the National Department of Health to track basic health data and better plan its budget and program priorities.
- The health program expanded coverage into two new provinces in 2001.
- Condoms were available in 91 percent of targeted clinics due to increased procurement and distribution of condoms by the National Department of Health.
- Nearly 250 million condoms were distributed in clinics in 2001.
- Essential drugs were available in 95 percent of clinics in Eastern Cape, exceeding the target of 85 percent.
- STIs were reduced in 2001, and 82 percent of clinics were treating STI cases correctly.
- The national syphilis rate declined from 10.7 percent to 5 percent between 1997 and 2000.
- The national TB control program has a number of TB demonstration and training sites with cure rates of more than 80 percent.

Major Implementing Partners

USAID/South Africa's partners in implementing population, health, and nutrition activities include Boston University/Applied Research in Child Health, Clapp and Mayne, EngenderHealth, the IMPACT project, Measure DHS+, the Population Leadership Program, the Futures Group International, the Episcopal Relief and Development Fund, the Management Sciences for Health EQUITY project, the Population Council Quality Assurance Project, the National Department of Health, Population Communication Services, Nelson Mandela Children's Fund, Hope Worldwide, the Reproductive Health Research Unit of the University of Witwatersrand, and the Perinatal HIV/AIDS Research Unit at Baragwanath Hospital.



This USAID Health and Family Planning Overview was prepared for the Bureau for Africa, Office of Sustainable Development, by the Population, Health and Nutrition Information Project (PHNIP). Questions and comments can be directed to PHNIP (info@phnip.com).

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